



PATENT  
450100-02329

AF  
2700

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Tetsujiro KONDO et al.

Serial No. : 09/500,356

For : DATA PROCESSING METHOD AND APPARATUS

Filed : February 7, 2000

Examiner : Daniel Mariam

Art Unit : 2621

**RECEIVED**

MAR 18 2004

Technology Center 2600

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 12, 2004.

**Dennis M. Smid, Reg. No. 34,930**

(Name of Applicant, Assignee or Registered Representative)

*Dennis M. Smid*

Signature

March 12, 2004

Date of Signature

**AMENDMENT AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of December 12, 2003, please amend this application as follows.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Tetsujiro KONDO et al.  
Serial No. 09/500,356  
Filed February 7, 2000  
For DATA PROCESSING METHOD AND APPARATUS  
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New York, NY 10151

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Commissioner for Patents  
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Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	19	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

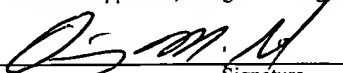
- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

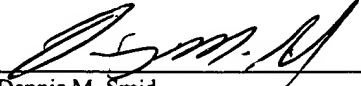
March 12, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

  
Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800